**CAPACITY STATEMENT STATUTORY DECLARATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, [#Full Name as it appears in your application#] of [#Address #], [#Occupation #] make the following declaration under the **Oaths and Affirmations Act 2018**:

1. I am applying to the Victorian Legal Admissions Board (VLAB) for a compliance certificate pursuant to s19 of the Legal Profession Uniform Law to enable me to be admitted to practise to the Australian legal profession as an Australian Lawyer.

2. I have read and understood the “Section 8 of the Disclosure Guidelines for Applicants for Admission to the Legal Profession” and make this statement in my knowledge thereof.

3. I wish to disclose that I suffer/have suffered from a condition which might affect my present ability to engage in legal practice.

[#Set out details of the condition; its prognosis; the period of time suffered; how the treatment is/was managed and any current medication being#]

#If treatment is ongoing exhibit a letter from your treating doctor setting out the details above #]

4. I ask the Board not to regard any of these matters as rendering me unable to satisfactorily carry out the inherent requirements of practice as an Australian legal practitioner.

**I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.**

*Signature of deponent*

*making this declaration* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Declared at [#Insert Place#] in the \*State of Victoria on [#Insert Date#]

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration.

*Signature of authorised*

*Statutory declaration*

*witness* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** on [#Insert Date#]

*Name, capacity in which*

*authorised person has*

*authority to witness*

*declaration, and address*

*(writing, typing, stamp)*

*A person authorised under section 30(2) of the Oath and Affirmation Act 2018 to witness the signing of a statutory declaration*.